

# **Congressman F. James Sensenbrenner, Jr.**

## **Wisconsin - Fifth District**

**Please mail form to:**

120 Bishops Way, Room 154  
Brookfield, WI 53005-6294

### **INQUIRY AND PRIVACY RELEASE FORM**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone (H):** \_\_\_\_\_

**Phone (W):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Claim Number:** \_\_\_\_\_

**Name of Agency:** \_\_\_\_\_

**DESCRIBE PROBLEM:**

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I hereby authorize the above mentioned agency to release all relevant portions  
of my records or relevant information in writing or through discussion pertaining

to the problems involved, to Congressman F. James Sensenbrenner Jr., or his staff, until the matter has been resolved.

**X**

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**Signature of Constituent**